

# Therapeutic Crisis Intervention (TCI)



Edition 6

Residential Care Project  
Cornell University 2009

# Effective TCI Implementation Includes

- Leadership and program support
- Clinical participation
- Supervision and post crisis response
- Training and competency standards
- Documentation and incident monitoring and feedback



# Setting Conditions

- **Any thing that makes challenging behaviour more or less likely to occur.**
- *For example:*
- *Organisational culture, e.g., control oriented, poor communication*
- *Environment, e.g., hot, crowded*
- *Program related, e.g., routine, staffing, activities*
- *Personal, e.g., illness, medication, trauma*
- *Relationship-based, e.g., excessive controls, “us versus them” culture*



# A Positive Organisational Culture

- Supports developmentally appropriate practice
- Provides opportunities for children to participate successfully in activities
- Involves children, families, and staff members in decision making
- Encourages relationship building activities
- Creates a learning organization



# A Calming Physical Environment

- Makes good use of space for personal and public use
- Is clean, orderly, inviting
- Has soft lighting and reasonable calming noise levels
- Is furnished and decorated appropriately for the age group living there



# Programs, Activities and Routines Should

- Balance structure and flexibility to meet individual needs
- Provide for thoughtful transitions
- Be consistent and satisfying
- Have goals, structure, and be designed to help children develop skills
- Be adequately resourced



# Treat Each Child as an Individual With

- Individual baseline behaviour
- Different strengths and abilities
- Specific effects of trauma
- Underdeveloped co-regulation and self-regulation skills
- Possible physical discomfort, e.g., illness, medication
- A need for an individualised crisis management plan (ICMP)



# Encourage Positive Relationships By

- Meeting children's basic needs and building attachments
- Building culturally competent staff members
- Helping staff develop emotional competence and self- awareness
- Teaching children relationship skills
- Providing team building experiences for staff members and young people





# Emotional Competence Means

- Being aware of personal goals, values, beliefs
- Understanding cultural and ethnic differences and each other's worldview
- Demonstrating self-regulation skills
- Knowing personal triggers

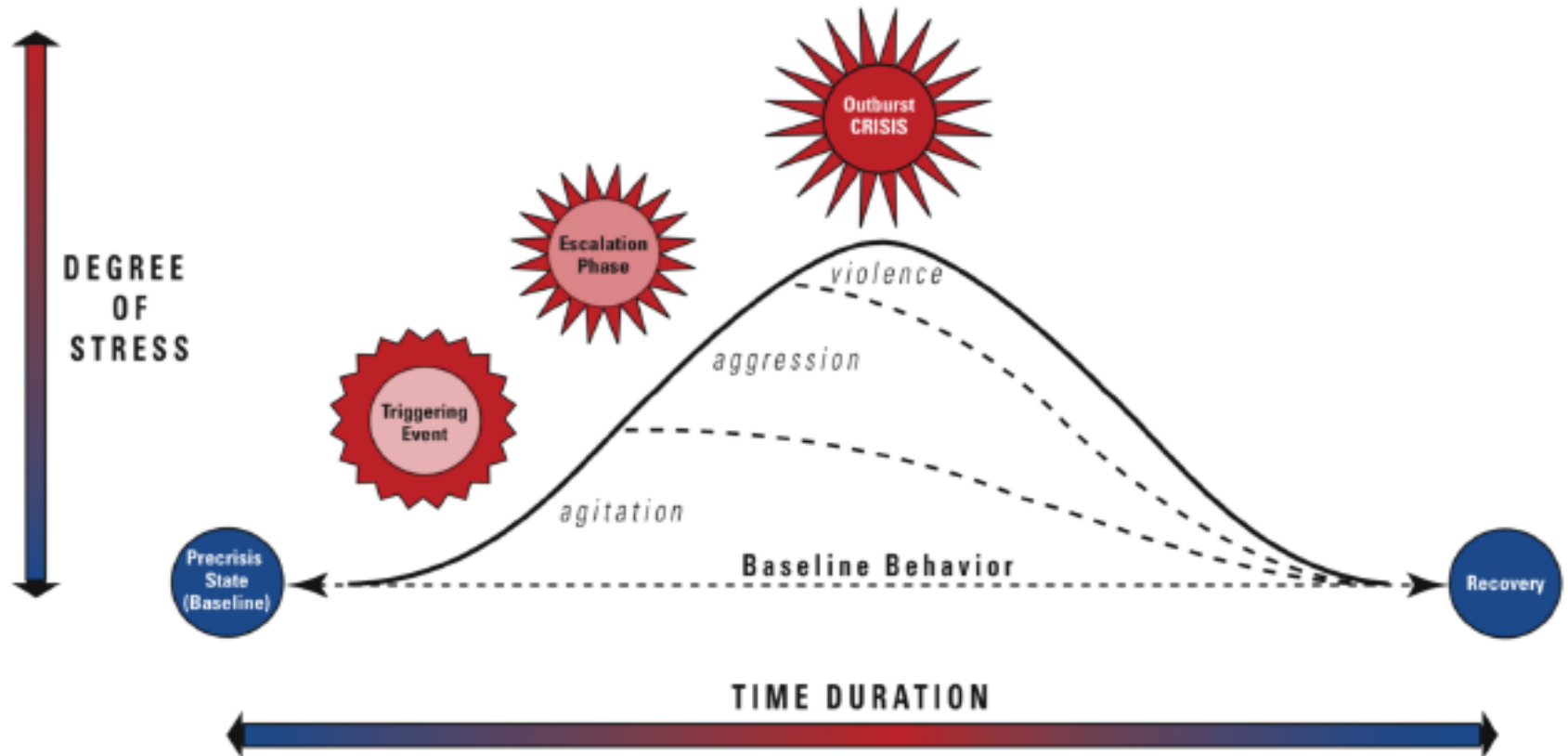


# The Goals of Crisis Intervention are to

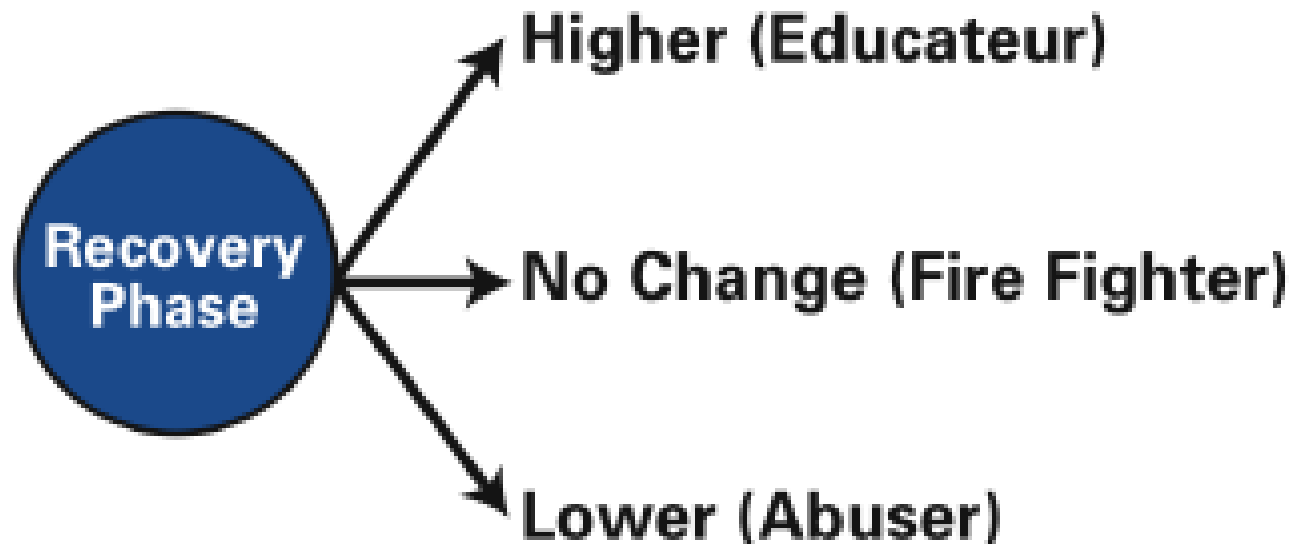
- **SUPPORT:** environmentally and emotionally to reduce stress and risk
- **TEACH:** children better ways to cope with stress



# Encourage Positive Relationships By



# Recovery Phase



# Skills Building Pyramid: Self Awareness

## SKILLS BUILDING FOR CO-REGULATION STRATEGIES IN TCI



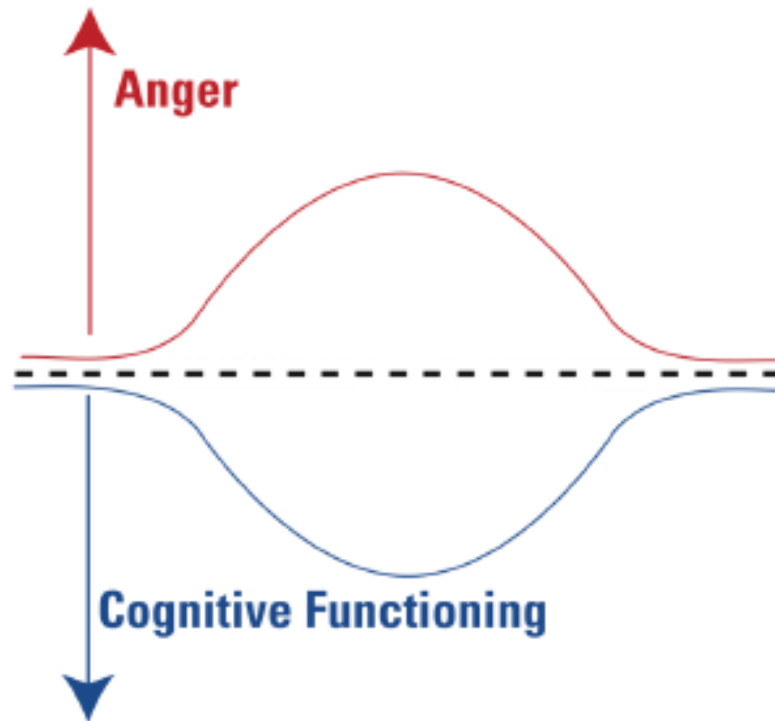
# Four Questions we ask ourselves in a Crisis Situation

- What am I feeling now?
- What does this young person feel, need or want?
- How is the environment affecting the young person?
- How do I best respond?



# Effects of Anger

“When we are at our angriest we are at our stupidest”



# Feelings, Needs and Behaviours



THE TCI SYSTEM





# Pain Based Behaviour Includes

- Impulsive outbursts
- Aggression
- Running away
- Self-Injury
- Defiance
- Inability to regulate emotions
- Trauma re-enactment



# Agency Policy and Procedures Should Be

- Clearly written
- Communicated
- Understood
- Applied



# Skills Building Pyramid: Active Listening

SKILLS BUILDING FOR CO-REGULATION STRATEGIES IN TCI



# Active Listening

- Identifies and validates feelings
- Reduces defensiveness
- Promotes change
- Communicates that we care and understand
- Is an effective co-regulation strategy
- Helps young people “talk out rather than act out”



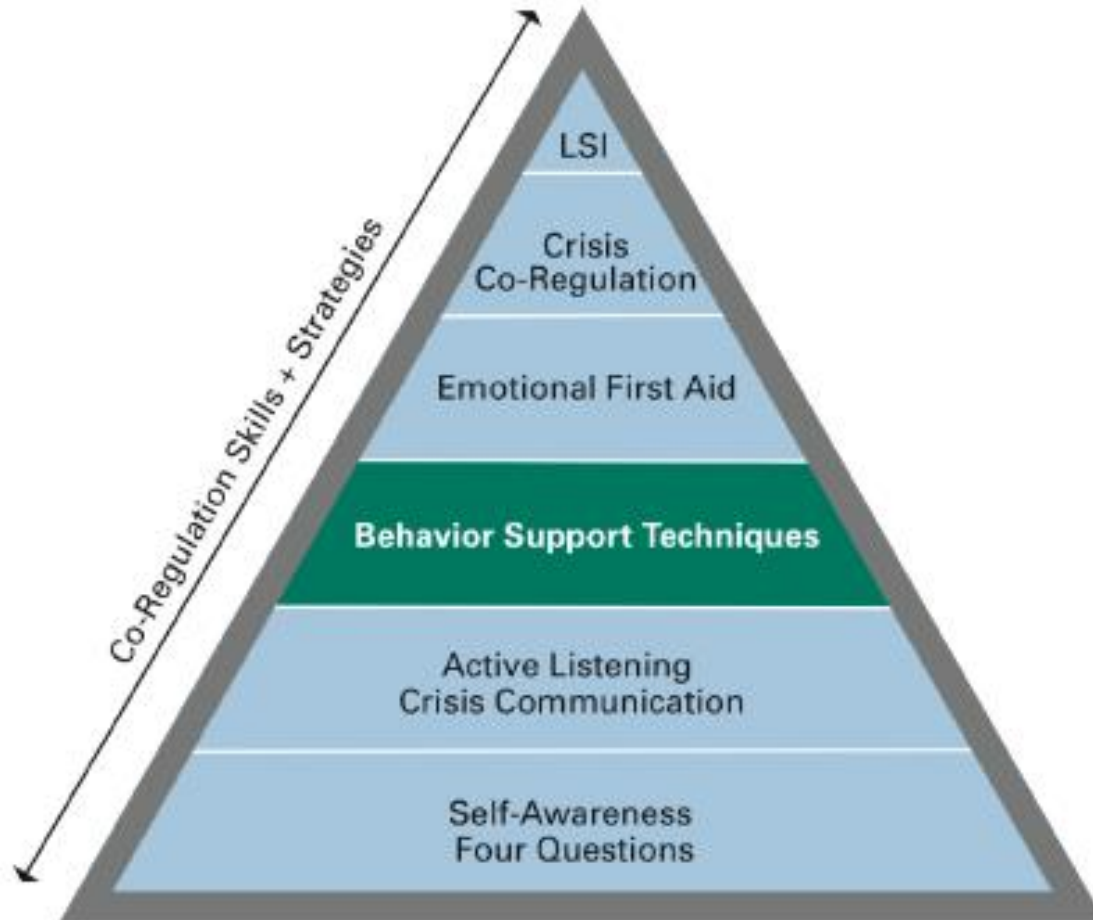
# Active Listening is NOT

- Throwing up roadblocks
- Arguing or blaming
- Giving permission
- Giving advice or solving the problem for the child
- Necessarily time consuming



# Skills Building Pyramid: Behaviour Support Techniques

SKILLS BUILDING FOR CO-REGULATION STRATEGIES IN TCI



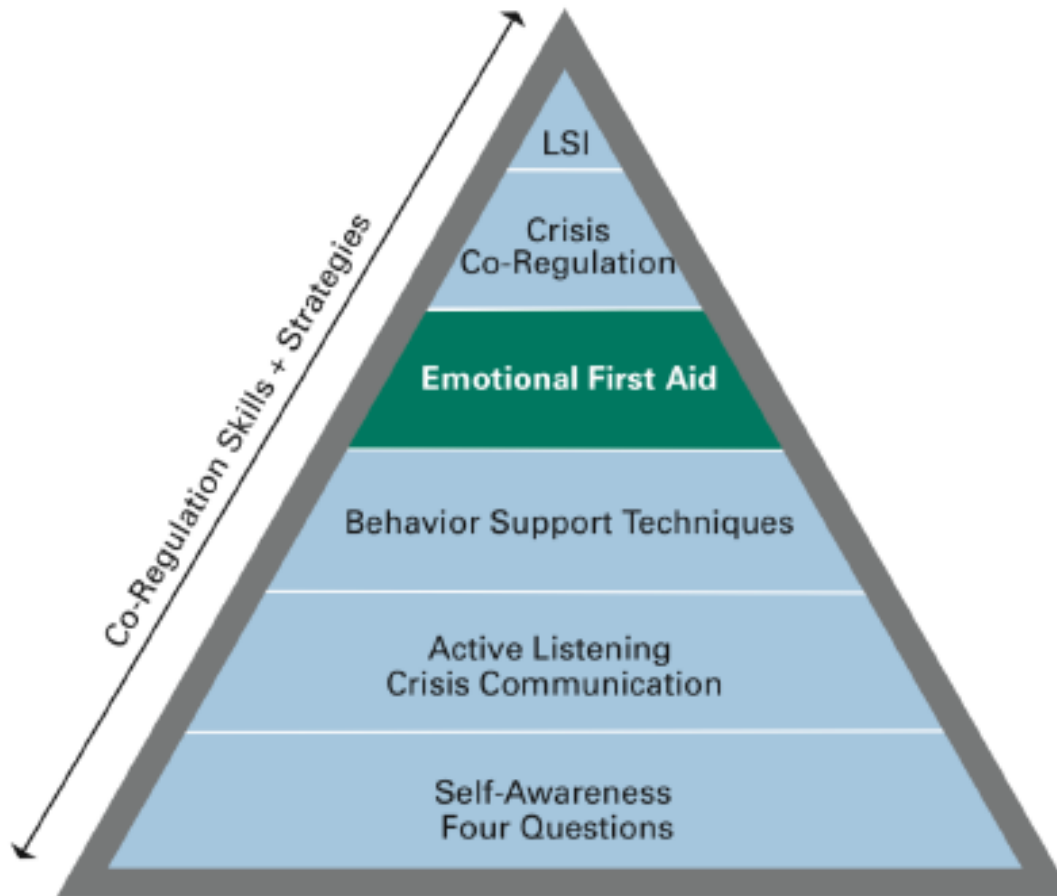
# Behaviour Support Techniques

- Managing the environment
- Prompting
- Caring gesture
- Hurdle help
- Redirection and distractions
- Proximity
- Directive statements
- Time away



# Skills Building Pyramid: Emotional First Aid

SKILLS BUILDING FOR CO-REGULATION STRATEGIES IN TCI



THE TCI SYSTEM





# Goals of Emotional First Aid

1. Provide immediate help and support to reduce emotional intensity (co-regulation)
2. Resolve the immediate crisis
3. Keep the child in the program/activity

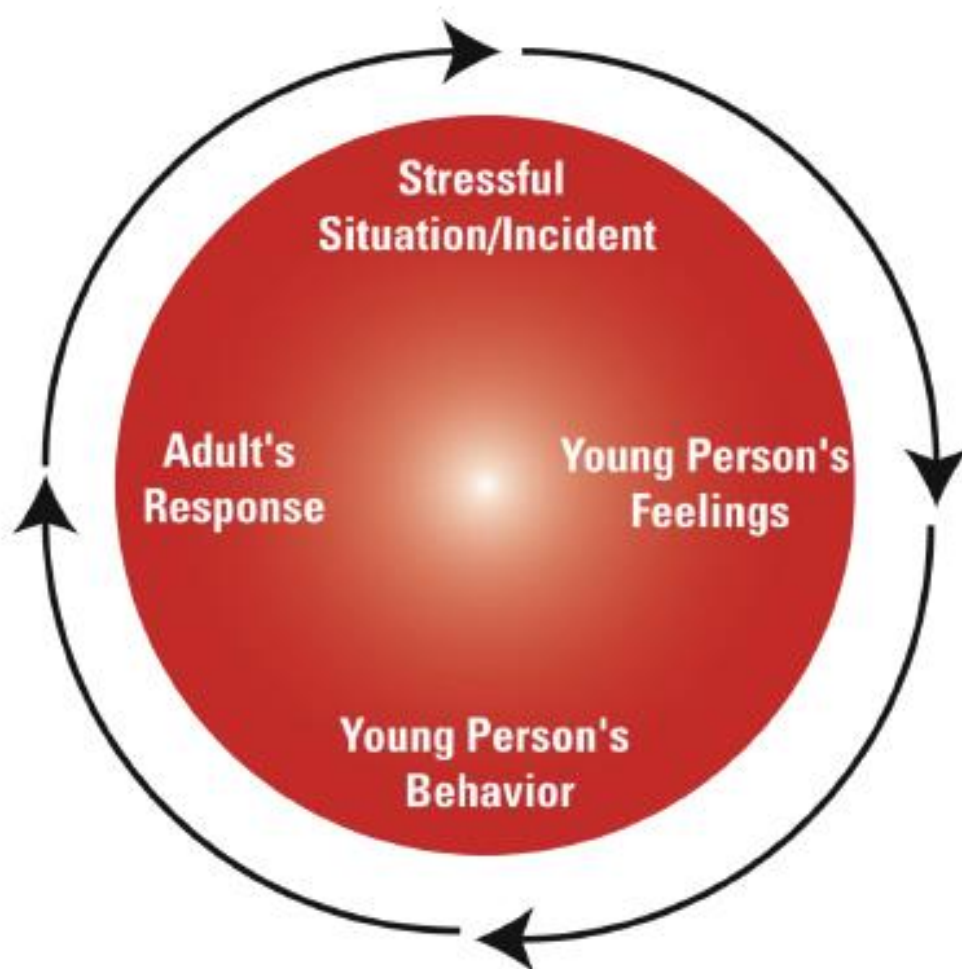


# Strategies for Emotional First Aid

- Drain off emotions
- Clarify events
- Maintain the relationship and lines of communication
- Remind the child of expectations and mediate the situation if necessary



# Conflict Cycle



THE TCI SYSTEM



# We Can Avoid the Conflict Cycle By

- Using positive self-talk
- Listening and validating feelings
- Managing the environment, e.g., removing others
- Giving choices and the time to decide
- Redirecting the young person to another positive activity
- Appealing to the young person's self-interest
- Dropping or changing the expectation



# Understanding Aggressive Behaviour

## Reactive Aggression

- Affective or expressive aggression
- Loss of control and emotional flooding
- Emotions are dominant

## Proactive Aggression

- Instrumental or operant aggression
- Goal oriented
- Cognitions are dominant



# Immediate Response Priorities

## REACTIVE

- Safety
- Understanding and Support
- Remove or reduce stimulus

## PROACTIVE

- Safety
- Containment and Negotiation
- Engagement and Reasoning



# Ongoing Response Priorities

## REACTIVE

- Teach coping skills
- Teach self-regulation skills
- Anger management

## PROACTIVE

- Teach appropriate thinking, values, and social skills
- Reward socially appropriate behaviour, not anti-social behaviour



# Individual Crisis Management Plan (ICMP)

- Functional analysis of high-risk behaviour
- Strategy for intervening tailored for the young person
- Periodic review and update





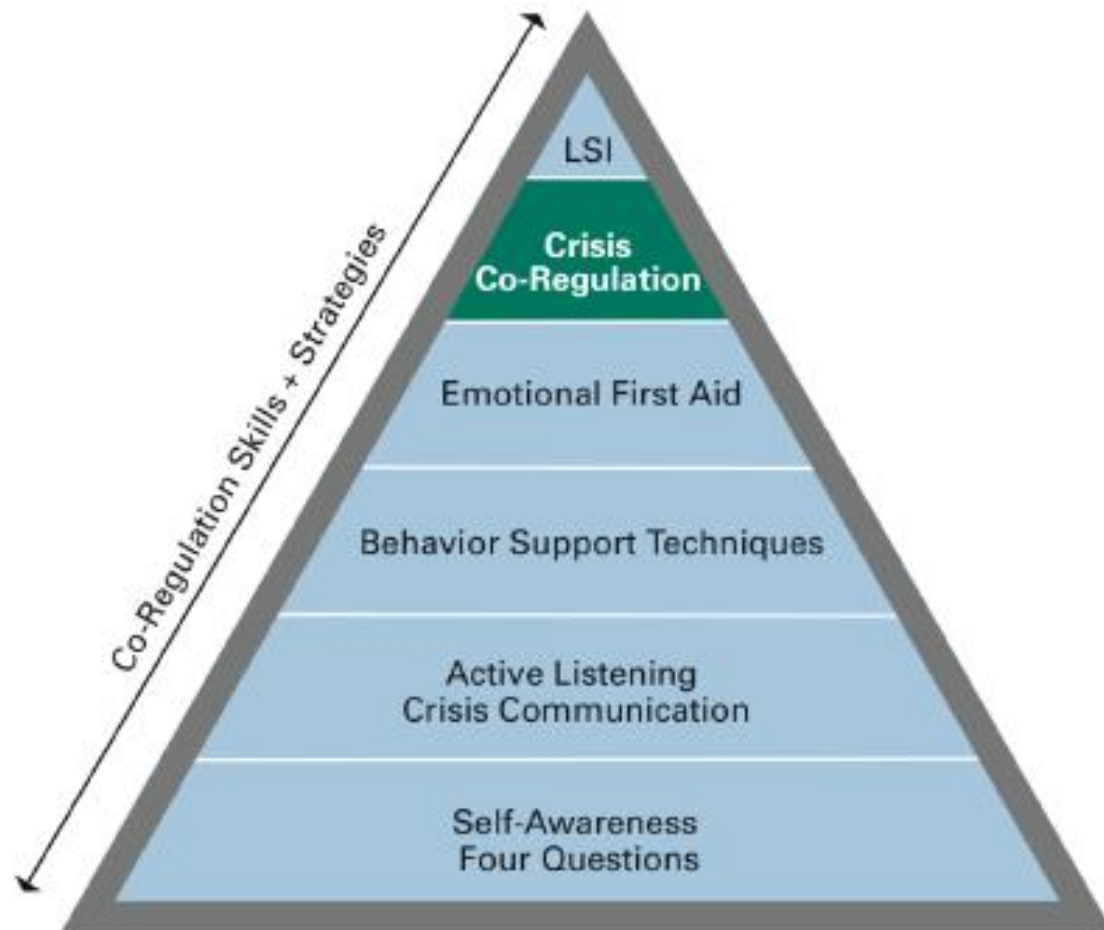
# Elements of a Potentially Violent Situation

- A potential trigger to violence
- A target
- A weapon
- Level of stress or motivation



# Skills Building Pyramid: Crisis Co-Regulation

SKILLS BUILDING FOR CO-REGULATION STRATEGIES IN TCI



# Objective of Crisis Co-Regulation

- To provide support in a way that reduces stress and risk



# What To Do (Nonverbal Strategies)

- Take a deep breath
- Use protective stance
- Step back
- Give the situation time
- Sit down if appropriate
- Remember the importance of body language and facial expression



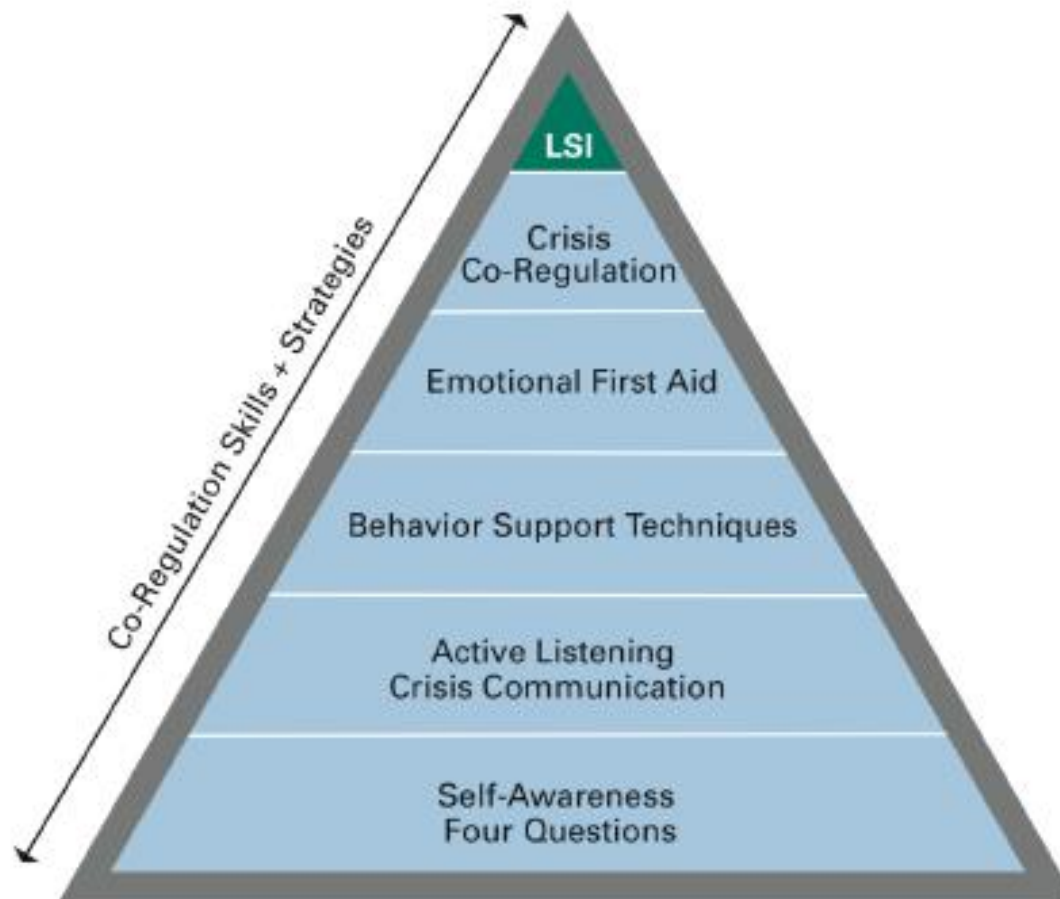
# What To Say (Verbal Strategies)

- Very little
- Understanding responses
  - “I can see... ” (validate feelings)
  - “When you...” (encourage positive behaviours)
  - “I know we...” (emphasize desirable outcomes)
  - “I am sorry...” (offer an apology)
- Remember the importance of tone of voice

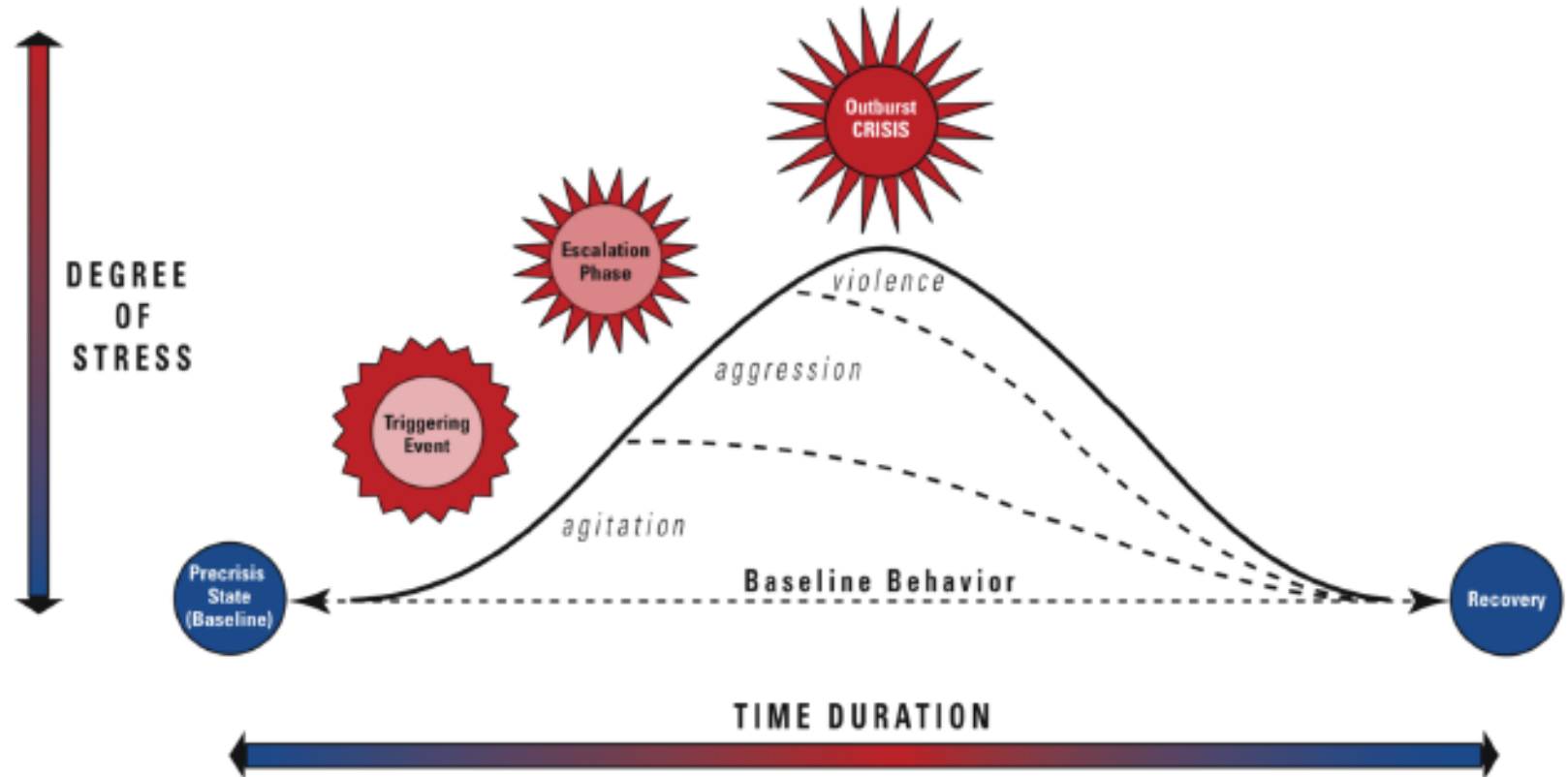


# Skills Building Pyramid: LSI

## SKILLS BUILDING FOR CO-REGULATION STRATEGIES IN TCI



# Stress Model of Crisis



# Goals of the LSI

1. Return the young person to normal functioning
2. Clarify events
3. Repair and restore the relationship
4. Teach new coping skills
5. Reintegrate the young person back into the program





# Steps to the LSI

- I** – Isolate the conversation
  - E** – Explore young person's point of view
  - S** – Summarize the feelings and content
  - C** – Connect feelings to behaviour
  - A** – Alternative behaviours discussed
  - P** – Plan developed/Practice new behaviour
  - E** – Enter young person back into the routine
- Conducted by the care worker



# The Goal of Physical Intervention

- To ensure safety



# Definition of Physical Restraint

**Physical restraint:** The use of trained staff members to hold a young person in order to contain acute physical behaviour

**Acute physical behaviour:** Behaviour likely to result in physical injury

The young person, other clients, staff members, or others are at imminent risk of physical harm



# Physical Restraint should only be used when

(All three criteria must be met)

- Agency policies and state regulations approve restraint
- The young person's individual crisis management plan indicates it
- Our professional dynamic risk assessment indicates it



# Physical Restraint Is NOT Used To

- Demonstrate authority
- Enforce compliance
- Inflict pain or harm
- Punish or discipline



# Basis Principals of Physical Intervention

- A maximum amount of caring and a minimum amount of force with the goal of de-escalating the situation by reducing stimulation



# Do NOT Use Physical Restraint When

- We cannot control the young person safely
- We are not in control or are too angry
- Sexual stimulation is the motivation
- We are in a public place
- Young person has a weapon
- Young person's medical condition prohibits it
- Young person has emotional problems risking retraumatisation
- Young person is on medication(s) that affects his/her system



# Predisposing Risk Factors Include

- Obesity
- Individuals under the influence of alcohol or drugs
- Prolonged violent physical agitation
- Underlying natural disease, i.e., enlarged heart, asthma, sickle cell trait, high blood pressure, diabetes
- Hot humid environments
- Individuals taking certain types of medication





# During Restraints Monitor

- Position of child and staff (appropriate to restraint being applied)
- Skin colour
- Respiration (no breathing problems)
- Level of consciousness (is responsive)
- Level of agitation (overexertion)
- Range of motion and/or swelling in extremities



# Recommendations to Reduce the Risk of Injury or Death: Part 1

- Never place weight on a young person's chest or back
- Never put pressure on the young person's neck
- Never place the head in a position that causes the neck to be compressed
- Never allow a young person to stay in the prone or supine position once he or she is no longer a safety risk—get the person up and in a seated position
- Never place a young person's arms behind his or her back when that person is in a prone position
- Never bend a child forward in the small child or seated restraint



# Recommendations to Reduce the Risk of Injury or Death: Part 2

- Never place anything over or near the young person's face, mouth, or nose that can be inhaled or conform to the contours of the face
- Never ignore any of the warning signs of pending asphyxia
- Never fail to take immediate action if there is a need for emergency medical treatment
- Never restrain a child in the prone position on a mattress or surface that can conform to the contours of the face
- Never use these restraint techniques on children under five years of age



# Documentation

- Who, what, when, where?
- What were the antecedents?
- What did staff do to de-escalate the situation?
- If physical contact, who did what (be specific)?
- How long did the restraint last?
- Staff/child injuries? Medical attention?
- What plan was developed in the Life Space Interview?
- Debriefing of staff?
- Was follow-up needed? Was the family notified?

